

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/518648** FILING DATE  
 APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		10				
2		1					52		10				
3		1					53		10				
4		3					54	1					
5		1					55		1				
6		3					56		1				
7		10					57		3				
8		10					58		1				
9		10					59		1				
10	1						60		1				
11		1					61		1				
12		1					62		1				
13		2					63		1				
14		10					64		1				
15		10					65		1				
16	1						66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		1					75		1				
26		1					76		1				
27	1						77		1				
28		1					78		1				
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36		2					86						
37	1						87						
38		1					88						
39		1					89						
40		2					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	63	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	73					